

Status: Finalized

## I. Center Identification

Organization Name: CHESTERTON SURGERY CENTER, LLC

Street Address: 3111 Village Point

City: Chesterton

County: Porter

Administrator Name: Josie McLaughlin Administrator Email: j.mclaughlin@lph.org

ASC Web Address: www.lakeshoresurgicare.com

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes • No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2	
Number of procedure rooms	1	7

## III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	2675	6657		
B. Ten Most Frequent Surgical Procedures Perfe	ormed			
CPT Code		Total Procedures		
64483		584		
77003		518		
62311		356		
64415		351		
C1713		338		
64636		304		
26145		254		

29848	197
64493	181
29881	180

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	1
a surgical encounter.	